



# Health Promotion and Prevention Initiatives (HPPI) InfoLink

Health Promotion and Prevention Initiatives (HPPI) InfoLink— Issue no. 32

September/October 2008

The HPPI Program is managed by the Directorate of Health Promotion and Wellness at the U.S. Army Center for Health Promotion and Preventive Medicine.

## IN THE SPOTLIGHT

### Diabetes

CDC fast facts [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2007.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf)

- » Nearly 8% of the US population has diabetes.
- » Among people with diabetes, those who do not know they have the disease decreased from 30% to 25% over a two-year period.
- » Diabetes is the 7th leading cause of death in the country and can cause serious health complications like heart disease, blindness, kidney failure, and lower-extremity amputations.

### Prevention/delay of diabetes

- » Studies have shown that people with pre-diabetes who lose weight and increase physical activity can prevent or delay diabetes.
- » A large prevention study of people at high risk for diabetes showed that lifestyle intervention reduced developing diabetes by 58% over 3 years. (Diabetes Prevention Program) <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>
- » Research has found that lifestyle interventions are more cost-effective than medications.

### HPPI project lessons learned:

- » Effective curriculum: include how to choose realistic, measurable goals and strategies for overcoming barriers.
- » Goal progress: determined by the percent of time the goal is achieved (i.e., 25%, 50%).
- » To improve follow-up data collection make follow-up appointments for data collection at the last class session.

For sample diabetes program materials including behavior change objectives, a goal planning worksheet,

participant satisfaction questionnaire, and data collection spreadsheet template/sample data go to: <https://www.us.army.mil/suite/kc/11083437>

## BOOTS ON THE GROUND

### What's working in Army health promotion

- » Use multiple methods to get follow-up data: mailed surveys, phone calls, email.
- » The best data collection strategy for follow-up data is to use a combination of short term (1 month), mid-range (3 month, 6 month), and long range (1 year) time frames.

## HEALTH PROMOTION RESOURCES

National Diabetes Information Clearinghouse

<http://diabetes.niddk.nih.gov/dm/a-z.asp>

National Institute of Diabetes and Digestive and Kidney Diseases

[http://health.nih.gov/result.asp?terms=diabetes&disease\\_id=187](http://health.nih.gov/result.asp?terms=diabetes&disease_id=187)

## PROGRAM POINTERS

### ***Health promotion as composite risk management–Part 1***

Medical-sounding terms like “health behavior change” and “increased population health” are easily understood in the health promotion community, but may not make much sense for Soldiers. Consider using terminology that Soldiers are already familiar with to frame health promotion concepts so that these messages make more sense.

For example, translate common health promotion processes into Composite Risk Management (CRM) terms to better help communicate your message to Soldiers. CRM is the Army’s primary decision-making process for identifying hazards and controlling risks. CRM is applied to every Army mission and activity, both on and off duty.

The five steps in the CRM process can be applied to health promotion in order to communicate more effectively to Soldiers:

CRM process	→	Corresponding health promotion process
Identify hazards	→	Identify community needs
Assess hazards	→	Assess health risks based on results of collected data
Develop controls and make decisions	→	Develop, implement, evaluate courses of action to address identified community needs
Implement controls	→	Implement health promotion programs
Supervise and evaluate	→	Evaluate programs to determine program effectiveness

Both CRM and health promotion are about reducing risk. Using CRM language is one way to teach Soldiers how to be smart about managing health risks and improving medical readiness. Health promotion CRM can enable Soldiers to better complete their mission.

In the next issue of HPPI InfoLink: using CRM principles to enable every Soldier to “Own the Edge” wherever they’re operating.

## HPPI NEWS and FAQs

### ***FY09 Request for Proposals (RFP)***

It’s not too early to start planning to submit an application for the HPPI FY09 RFP. This RFP is expected to be released in October 2009. Although RFP requirements change slightly from year to year, you can use the FY08 application and scoring criteria to start to prepare for the FY09 RFP.

RFP applicants must be Active Duty Army/Army Reserve/Army National Guard OR Army civilian employees or contractors working at an Army installation or other Army facility.

Access the FY08 application and scoring criteria at: <https://www.us.army.mil/suite/kc/11083437>

### **National Health Observances**

September is “Fruits and Veggies – More Matters” Month

AnalyzeMyPlate: Just drag food items over to your plate and you will get a nutritional analysis of your selections.

[http://www.fruitsandveggiesmatter.gov/activities/analyze\\_my\\_plate.html](http://www.fruitsandveggiesmatter.gov/activities/analyze_my_plate.html)

Free fruit and veggie image downloads–

[http://bodyandsoul.nih.gov/resources\\_bsimagelibrary.shtml](http://bodyandsoul.nih.gov/resources_bsimagelibrary.shtml)

Nutrition resources for health professionals: Reports/ recommendations, fact sheets, data and statistics–

[http://www.cdc.gov/nccdphp/dnpa/nutrition/health\\_professionals/index.htm](http://www.cdc.gov/nccdphp/dnpa/nutrition/health_professionals/index.htm)